



March 7, 2022  
**CONFIDENTIAL**

**COPY**

DIANA PINE  
BOX 544  
RED LAKE ON P0V 2M0

Dear DIANA PINE,

Re: Firm# 59086  
Certificate# 71610

We recently received your online enrollment to be added to your employer's group insurance plan.

When enrolling online, you should have been emailed regarding the Esignature process to validate your Beneficiary designation. Unfortunately, your Esignature has not been received. As a result, the beneficiary designation has now been changed to Estate.

To re-assign new beneficiary(ies) to your coverage, please complete the attached Appointment of Beneficiary form.

You can email the completed form to [admin@cinup.ca](mailto:admin@cinup.ca) or send by toll free fax to 1-833-702-4687.

Please do not forget to mail the original form to our address as this form is a legal document.

If you have any questions, please do not hesitate to contact us at 1-800-665-1234 and select option 2.

Sincerely,

Steve Mason  
**CINUP**

cc: NISHNAWBE-ASKI LEGAL SERVICES CORP.



# APPOINTMENT OF BENEFICIARY



JG10-CU

**For CINUP use only:** Company # \_\_\_\_\_  
 Firm # \_\_\_\_\_  
 Certificate # \_\_\_\_\_

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Group Insurance Certificate # \_\_\_\_\_

1

In accordance with the terms and conditions of the Contract between the employer indicated above and the Insurance Company, I hereby revoke all previous appointment of beneficiary and hereby appoint the following as beneficiary to receive the proceeds arising by reason of my death. I reserve the right to change the beneficiary at any time.

To submit a beneficiary change for your pension plan you will need to complete the appropriate beneficiary change form with your pension provider.

### PRIMARY BENEFICIARY (please print)

Please indicate relationship to beneficiary. If a minor, indicate date of birth and assign a trustee below.

If additional space is required, please attach a separate page.

2

Full Name	Birthdate (YYYY/MM/DD)	Relationship	Proportion (must equal 100%)

### TRUSTEE FOR CHILD OF MINORITY (please print)

I hereby name \_\_\_\_\_, my \_\_\_\_\_ (relationship) if living, as Trustee to receive and disburse any monies payable to any child listed below of minority. Any payment made to said trustee shall discharge the company to the extent of such payment.

ADDITIONAL BENEFICIARIES  CONTINGENT BENEFICIARIES (Secondary beneficiary if the above beneficiary is deceased)

3

Full Name	Birthdate (YYYY/MM/DD)	Relationship	Proportion (must equal 100%)

### Authorization and Consent

I understand the personal information provided herein as well as any other personal information currently held or collected in the future by JG Benefits Inc. and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and service to me and my employer, and to manage the organization's business.

4

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include the insurance carriers of my group insurance policy, licensed physicians and/or any other health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the group policy of which I am an eligible member.

I understand the personal information will be kept confidential and secure. I understand I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I acknowledge more specific information about collection and use of my personal information can be found in the Privacy and Terms of Use section of [www.cinup.ca](http://www.cinup.ca) or from the administrator of my benefit program.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_